

Colorado's Essential Health Benefit Benchmark Plan

Public Meeting – July 18, 2012

Presented by:



**OFFICE OF THE GOVERNOR
STATE OF COLORADO**

Agenda

- ▶ Introductions, Overview, & Progress To-Date
- ▶ Discussion of Objectives in Selecting an EHB
- ▶ Presentations Regarding Specific EHB Issues
 - Pediatric Dental
 - Habilitative Coverage
 - Update on Annual Dollar Limits on State Mandates
- ▶ Time for Public Comment

Introductions:

Partner Organizations & Presenters

- ▶ Division of Insurance
 - Peg Brown, Deputy Commissioner
 - Jo Donlin, Director of External Affairs
- ▶ Colorado Health Benefit Exchange
 - Patty Fontneau, ED/CEO
 - Myung Kim, Communications & Outreach Manager
- ▶ Governor's Office
 - Katherine Blair, Health Policy Advisor

Colorado's Decision Process

- ☒ Compile Information on Benchmark Options
- ☒ Introductory Webinar
- ☒ Public Meetings
 - Wednesday, July 18, 10am–12pm: National Jewish Health
 - Tuesday, July 31, 1–3pm: History Colorado Center
- ☐ Public Comment Period
 - Through Sunday, August 5, 2012
- ☐ Proposed Recommendation
- ☐ Further Stakeholder Engagement

What We Already Know

- ▶ ACA requires coverage in 10 EHB categories
- ▶ Colorado has 9 EHB benchmark plan options
 - Cannot create a plan “from scratch”
- ▶ EHB benchmark only includes benefits
 - Does not include cost-sharing
- ▶ EHB Package will apply in 2014 and 2015

Online Resources

- ▶ Public Meeting Materials
 - Webinar Recording
 - Public Meeting Agendas and Handouts
- ▶ Frequently Asked Questions
- ▶ Chart comparing EHB benchmark options
- ▶ Detailed plan information for each option
 - Benefit Summaries
 - Evidence of Coverage
- ▶ Available on the following sites:

<http://www.dora.state.co.us/insurance/consumer/EssentialHealthBenefits.html>

<http://www.getcoveredco.org/Resources/Essential-Health-Benefits>

- Navigate to www.cohbe.org
- Scroll over Resources tab, and select Essential Health Benefits

Each of CO's 9 EHB benchmark options is listed by carrier (insurer), plan name, and enrollment.

Each option has been given a letter for discussion purposes (eg, the Kaiser State Employee Plan is letter "E").

Chart Overview

A single column is dedicated to each option, which are sorted by type (eg, small group, HMO, gov't employee).

If a benefit is currently required to be covered by state or federal law, it is listed in these two rows.

Benefits are listed in order of the 10 ACA Benefit Categories (in blue row). Detailed benefits are listed underneath each category header.

Each box indicates whether a plan option does or doesn't cover a particular benefit, as well as whether there are quantitative limits (eg, visits/year). Data was provided by carriers.

Colorado's EHB Benchmark Plan Options

Benefits listed by ten ACA-required benefit categories

Option Reference:	Three Largest Small Group Plans			Largest HMO	State Employee Plans		Three Largest Federal Employee Plans			Mandates	
	A	B	C	D	E	F	G	H	I	Colorado Mandate	Federal Mandate
Carrier & Plan Name:	Kaiser DED/CO HMO 1260D	United Choice Plus Balanced 100	Anthem BCBS Lumencor NSA \$5000/1002	Kaiser Plan A230	Kaiser State Employee Plan	United State Employee Plan	BCBS Plan Standard [RI 71-003]	BCBS Plan Basic [RI 71-005]	GENA Plan Standard [RI 71-006]		
Enrollment:	15,705	10,021	7,218	52,581	15,253	8,725	NA - \$1	NA - \$2	NA - \$3		
1. AMBULATORY PATIENT SERVICES											
a. Primary care to treat illness/injury	✓	✓	✓	✓	✓	✓	✓	✓	✓		FB
b. Specialist visit	✓	✓	✓	✓	✓	✓	✓	✓	✓		
c. Outpatient surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓		
d. Chiropractic (therapeutic, adjunctive, manipulative)	NC(3)	✓	✓	NC	✓	✓	Limit 12 visits/yr.	Limit 20 visits/yr.	Limit 12 visits/yr.		
e. Chemotherapy services	✓	✓	✓	✓	✓	✓	✓	✓	✓		
f. Radiation therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓		
g. Home health care	✓	✓	✓	✓	✓	✓	Limit 25/yr., limit of 2 hr./visit	Limit 25/yr., limit of 2 hr./visit	Limit 50/yr.	CB	
h. Access to clinical trials	Not specified, but certain experimental procedures not covered	✓	✓	NC	Not specified, but certain experimental procedures not covered	✓	✓	✓	✓	CB	FB
i. Genetic evaluation & counseling	Excluded, but available upon referral if inherited susceptibility for breast cancer or otherwise deemed medically necessary	✓	✓	NC	NC	✓	✓	✓	NC		
j. Outpatient diagnostic lab, x-ray, and pathology	✓	✓	✓	✓	✓	✓	✓	✓	✓		
k. Infertility treatment services	NC	NC	✓	✓	✓	✓	✓	✓	limit 3,000/yr.		
l. Sterilization	Not Specified	NC for voluntary	NC	Not Specified	✓	NC	✓	✓	✓		7

category continued on next page

Questions?

- ▶ Please introduce yourself and your organization
- ▶ Limit questions at this time to:
 - Those regarding the decisionmaking process
 - Those regarding information covered on the webinar
- ▶ Specific questions may be deferred to comment opportunities later in the meeting

Decisionmaking Objectives

- ▶ Include state–mandated benefits
 - Avoid additional cost to state
 - Maintain consistency with will of legislature
- ▶ Provide coverage in required categories
- ▶ Be minimally disruptive to market
- ▶ Promote carrier and consumer participation
- ▶ Balance comprehensiveness and affordability

Public Comment

- ▶ Please introduce yourself and your organization
- ▶ Limit comments and questions at this time to:
 - What other items should be considered in the EHB benchmark decisionmaking process?
 - Should each objective be given equal weight?
- ▶ Specific questions may be deferred to comment opportunities later in the meeting

Specific Issues

- ▶ Pediatric Dental
 - What will it look like?
- ▶ Habilitative Coverage
 - How should we approach it?
- ▶ Annual Dollar Limits on State Mandates

Pediatric Dental

- ▶ Not covered by 6 benchmark options
 - Only covered by 3 Federal Employee Plans
- ▶ If one of 6 selected, state will need to substitute dental benefits
 - Can substitute from FEDVIP or CHIP+

Pediatric Dental

- ▶ What will substitution look like if we select a benchmark without pediatric dental?

EHB Benchmark

Ambulatory	✓
Emergency	✓
Rx Drugs	✓
...etc...	✓
Pediatric	✓
-Dental	✗
-Vision	✓

CHP+
Pediatric Dental
Benefits

or

FEDVIP
Pediatric Dental
Benefits

Comments on Pediatric Dental

- ▶ Please consider answering the following in your comments:
 - Which of the HHS options regarding pediatric dental benefits should Colorado select and why?
 - If the state elects one of the six plans in which pediatric dental is not covered, should Colorado supplement the EHB benchmark with benefits from CHP+ or from FEDVIP? Why?
 - How do these decisions impact the selection of an EHB benchmark option? Which EHB benchmark option should be selected given the commenting entity's priorities?

Habilitative Coverage

- ▶ Common Understanding Definitions
 - Habilitative services
 - Facilitate learning and maintaining physical skills necessary to daily living
 - Rehabilitative services
 - Facilitate re-acquisition of previously known skills necessary to daily living
- ▶ Options Outlined by HHS:
 - State requires parity with rehabilitative coverage
 - State pre-determines what will be covered under “habilitative coverage”

Habilitative Coverage

- ▶ What will it look like if we adopt parity between rehabilitative and habilitative services?

EHB Benchmark Plan* Existing Rehabilitative Services

<i>Service</i>	<i>Visit Limit</i>
Physical Therapy	20 per year
Speech Therapy	20 per year
Occupational Therapy	20 per year



EHB Package New Habilitative Services

<i>Service</i>	<i>Visit Limit</i>
Physical Therapy	20 per year
Speech Therapy	20 per year
Occupational Therapy	20 per year

*Quantities are theoretical and for discussion purposes only

Comments on Habilitative

- ▶ Please consider answering the following in your comments:
 - Which of the HHS options regarding habilitative services should Colorado select and why?
 - If the state elects to require parity between habilitative and rehabilitative benefits, should the habilitative benefit be additive (e.g., an separate and additional benefit) or cumulative (e.g., included with rehabilitative benefit)? Why?
 - How do these decisions impact the selection of an EHB benchmark option? Which EHB benchmark option should be selected given the commenting entity's priorities?

Annual Dollar Limits on State Mandates

- ▶ ACA prohibits annual dollar limits, but allows other types of quantitative or utilization limits
 - Examples: number of visits, types of supplies
- ▶ State must convert dollar limits
 - State mandates will not go away
 - Benefits covered through state mandates will not be unlimited
- ▶ Reminder: adding state mandates after December 31, 2011 results in cost to the state

Annual Dollar Limits on State Mandates

- ▶ State mandates include dollar limits for the following:
 - Early Intervention Services:
 - \$5,725 + Annual Adjustment
 - Autism:
 - Age 0–8: \$34,000
 - Age 9–18: \$12,000
 - Mental Health:
 - \$1,000 or 20 visits
 - Outpatient Substance Abuse:
 - \$500
 - Mammography:
 - \$100 + Annual Adjustment

Public Comment

- ▶ Please introduce yourself and your organization
- ▶ Questions or comments at this time can be on any topic related to EHBs
- ▶ Time may be limited
- ▶ Answers to new questions will be released in online FAQs
- ▶ Please address objectives and any EHB benchmark option preferences
- ▶ Please submit all comments in writing to
 - ehb@dora.state.co.us
 - Deadline: August 5, 2012

Online Resources

- ▶ Public Meeting Materials
 - Webinar Recording
 - Public Meeting Agendas and Handouts
- ▶ Frequently Asked Questions
- ▶ Chart comparing EHB benchmark options
- ▶ Detailed plan information for each option
 - Benefit Summaries
 - Evidence of Coverage
- ▶ Available on the following sites:

<http://www.dora.state.co.us/insurance/consumer/EssentialHealthBenefits.html>

<http://www.getcoveredco.org/Resources/Essential-Health-Benefits>

- Navigate to www.cohbe.org
- Scroll over Resources tab, and select Essential Health Benefits

Thank You